Student Enrollment Packet (Grades TK through 8)

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| --- | --- |
| *Registration Guidelines*  **Registration must begin with your school of residence** (if you wish to transfer to another school or district, the process will start at your school of residence). | |
| **Required Documents for all registrations:** | |
| * **Original Proof of Birth**   + Certified Birth Certificate (hospital or government issued), Immigration Documents, Passport/Visa. We must witness the original ~ copies will be made and the original returned to you. | |
| * **Photo ID of Parent/Guardian** – state or government issued driver’s license or photo ID only | |
| * **Address Verification**   + *Current PG&E, Water/Garbage or Cable Bill* dated within the past month (service address will be verified).   + *Payroll Stubs / Checks* – must be dated within the last month   + *Management Company Rental/Lease Agreement* – ***Must include*** Parent’s name, address, and manager’s /owner’s name and phone number (this will be verified by a phone call from the school).   + *Property Tax Bill* that shows parent’s name and property address indicating home owner’s exemption.   + *Multiple Families living together* (2 or more families living together in the same house) – A written note **AND** address verification documents from the person the family is living with. | |
| * **Current Immunization Record** - Required immunizations are as follows: | |
| * + **Polio** | 4 doses at any age, but 3 doses meet requirements if one dose was given on or after the 4th birthday. |
| * + **DTP/TDaP/DT/Td** | 5 doses at any age, but 4 doses meet requirements if one dose was given on or after the 4th birthday.  Proof of TDaP booster on or after the 7th birthday is required for all students entering 7th grade. |
| * + **MMR** | 2 doses, given on or after the 1st birthday. |
| * + **Hepatitis B** | 3 doses. |
| * + **Varicella** | 1 dose or documentation from a physician that the child has had the disease. |

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| **Transitional Kindergarten (TK) & Kindergarten Registration Age Information** |
| Kindergarten students must be **5 years old on or before September 1** each year to be eligible for fall enrollment in regular Kindergarten |
| Pursuant to EC 48000(c), a child is eligible for TK if the child will have his or her **fifth birthday between September 2 and December 2**. |

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| **Joint Physical Custody**  Students whose parents have joint **physical** custody may continue their enrollment in CUESD if at least one of their parents can meet the residency requirements of the District. |

**For School Use Only**

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cum Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inter / Intra From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Student

Registration

***PLEASE PRINT LEGIBLY***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name**  **As it appears on child’s birth certificate** | | ***Last*** | | | ***First*** | | | | | ***Middle*** | |
|  | |  | | |  | | | | |  | |
| **Other Names Student goes by**  *(If applicable)* | | **Last** | | | **First** | | | | | **Middle** | |
| Male  Female | | | ***Birth Date*** *(mm/dd/yyyy)* | | | | ***Age Today:*** | | | | |
| **Birthplace:** | ***City*** | | | | | ***State*** | | | ***Country*** | | |
| **Has this child ever attended any Flournoy Elementary School in the past?**  **No**  **Yes** | | | | | | | |  | | | |
|  | | | |
| **Has this child ever attended a Preschool?**  **No**  **Yes Name of Preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Last School Attended:** | ***Name of School*** | | | ***Address*** | | | | | | | ***Phone #*** |

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| **Special Education Programs** |
| Was this child previously in a Special Education Program?  No  Yes – If yes, please check appropriate box(es) below: |
| Resource Specialist Program (RSP)  Special Day Class (SDC)  Speech  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does this child have a current / active IEP?  Yes  No |
| Was this child exited from a Special Education Program?  No  Yes Date exited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was this child previously in any of the following Specialized Programs?  EL  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
| **FAMILY** | **Parent/Guardian** | | | | |
| **Parent/Guardian** | *Relationship to Student (Circle one)*  Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver | | | | |
| Name |  | | | *Is this student living with this person?* | Yes  No |
| Physical Address |  | | | *Is this person the*  ***LEGAL*** *guardian?*  Yes  No  *If* ***NO****, then please complete a* ***Caregiver Affidavit****.* | |
| Mailing Address  *If Different* |  | | |
| Primary Phone |  | *Secondary Phone* |  | *If there is a* ***LEGAL*** *Custody Agreement regarding this student, please check one:*  Joint Custody  Sole Custody  Guardianship | |
| Email Address |  | | |
| Employer |  | *Work Phone* |  |

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| --- | --- | --- | --- | --- | --- |
| **FAMILY** | **Parent/Guardian** | | | | |
| **Parent/Guardian** | *Relationship to Student (Circle one)*  Mother Father Stepmother Stepfather Grandmother Grandfather Uncle Aunt Foster Father Foster Mother Caregiver | | | | |
| Name |  | | | *Is this student living with this person?* | Yes  No |
| Physical Address |  | | | *Is this person the*  ***LEGAL*** *guardian?*  Yes  No  *If* ***NO****, then please complete a* ***Caregiver Affidavit****.* | |
| Mailing Address  *If Different* |  | | |
| Primary Phone |  | *Secondary Phone* |  | *If there is a* ***LEGAL*** *Custody Agreement regarding this student, please check one:*  Joint Custody  Sole Custody  Guardianship | |
| Email Address |  | | |
| Employer |  | *Work Phone* |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Signature of Parent/Guardian Today’s Date*** |

**FOR SCHOOL USE ONLY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

*Student Name Grade*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address School*

Address Verification

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| A current original statement of one of the following forms of address/residence verification must be provided:  PG&E Bill  Water/Garbage Bill  Cable Bill  Property Tax Bill (must include Parent’s name and property address  (service address verified) (service address verified) (service address verified) and indicate home owner’s exemption)  Rental/Lease Agreement (must include Parent’s name, address, manager’s/owner’s name & phone number and move in date, if applicable)  (verified by phone call to apartment manager)  Not a district resident (Inter-District Transfer Request must be on file & include residence verification)  If you have been approved for an Inter-District Transfer, you must check one (1 only) of the following:  Public School Choice – Program Improvement – This is a transfer for students who were enrolled in a school identified for program improvement, corrective action or restructuring; were planning to enter the school for the first time; who moved into the school’s attendance area; or were matriculating to the school, and who exercised their right to request enrollment in a different school.  Public School Choice Transfer – Persistently Dangerous – This is a transfer where the student exercised the option to transfer from a school which the state has identified as persistently dangerous, or in which the student was a victim of violent crime on school property.  Other Inter-District Transfer Agreement – This is a formal agreement between two districts that approves a transfer from one district to another based on personal preference only. |

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| Please check one (1) box below **IF** this describes where this student is currently living. This information will be used to determine whether your child qualifies for any additional assistance under the Federal No Child Left Behind Act.  Temporarily Doubled Up – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.  Hotels/Motels – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.  Temporary Shelters – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.  Temporarily Unsheltered – A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters, but is not adequate housing. |

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| **FOSTER CARE**  Foster Family Home or Kinship Placement – A family resident that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes “Small Family Homes” as described in Health and Safety Code Section 1502 (c)(6) (Education Code Section 56155.5[b]), or an “Approved Home” of a relative. An “Approved Home” means the home of a relative or nonrelative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title 22, Div. 6, Article 3. This is not the same as a Licensed Children’s Home.  Unaccompanied Youth Indicator – a student who is not in the direct care of their parent or guardian.  Runaway Youth Indicator – A student who is less than **18** years of age who has left home without parental/caregiver permission and stays away for one or more nights. |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Parent/Guardian Signature Date* |

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Student Name

Home Language Survey

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for your school to provide meaningful instruction. Information listed here will affect your child’s language academic program and services. *(Ed Code 52164)* | | | | | | | | | | | | | | |
| Student Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Legal Last Name* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *First Name* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Middle Name* | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Other Names Student Goes By* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date of Birth* | | | | \_\_\_\_\_\_\_\_\_\_\_\_  *Age Today* | | | \_\_\_\_\_\_\_\_\_\_\_  *Grade Today* | | M  F  *Gender* | |
|  | | | |  | | | |  | | |  | |  | |
| 1. Which language did your child learn when he or she first began to speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 2. What language does your child most frequently use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 3. What language do you use most frequently to speak to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 4. Name the language most often spoken **by the adults** at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| * If a language other than English is indicated on Lines 1 – 4 above, please check the following: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| In the non-English language, does your child: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Understand?  Yes  No Speak?  Yes  No Read?  Yes  No Write?  Yes  No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Did your child attend school in another country?  Yes  No If yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of 1st Country* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Year(s) of Attendance* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Grade Completed* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of 2nd Country* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Year(s) of Attendance* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Grade Completed* |
|  | |  | |  | |  | | | |  | | | |  |
| What date did your child begin attending school in the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* | | | | | | | | | | | | | | |
| What date did your child begin attending school in California? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| List all previously attended schools (public or private) as best you can: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| *Name of School* | | | *Address of School* | | | | *Phone # of School* | | | | | *Dates of Attendance* | | |
|  | | | | | | | | | | | | | | |
| *Name of School* | | | *Address of School* | | | | *Phone # of School* | | | | | *Dates of Attendance* | | |
|  | | | | | | | | | | | | | | |
| *Name of School* | | | *Address of School* | | | | *Phone # of School* | | | | | *Dates of Attendance* | | |
|  | | | | | | | | | | | | | | |
| *Name of School* | | | *Address of School* | | | | *Phone # of School* | | | | | *Dates of Attendance* | | |
| ***In which language do you wish to receive written communication from the school?***  ***English***  ***Spanish*** | | | | | | | | | | | | | | |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Parent/Guardian Printed Name of Parent/Guardian Date Phone Number* |

Student Name

Demographic Information

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| **FEDERAL NATIONALITY SURVEY - RACE AND ETHNICITY DATA REPORTING STANDARDS**  So that the school may produce accurate federal reports required by law, please complete the two part question below:  **PART A -** Is this student Hispanic or Latino?  Yes  No  (**Hispanic or Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)    **PART B -** No matter what you selected above, please continue to answer the following by marking one or more boxes to  indicate what you consider the student’s race to be: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **American Indian or Alaska Native (100)**  A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment |  | **Black or African American (600)**  A person having origins in any of the black racial groups of Africa |  | **White (700)**  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Chinese (201)** |  | **Asian Indian (205)** |  | **Other Asian (299)** |  | **Tahitian (304)** |
|  | **Japanese (202)** |  | **Laotian (206)** |  | **Hawaiian (301)** |  | **Other Pacific Island (399)** |
|  | **Korean (203)** |  | **Cambodian (207)** |  | **Guamanian (302)** |  | **Filipino/Filipino American (400)** |
|  | **Vietnamese (204)** |  | **Hmong (208)** |  | **Samoan (303)** |  |  |

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| --- | --- | --- | --- |
| **SIBLINGS**  So that the school may produce an accurate family record, please write the name, age, grade and school of **all siblings** to this student **that attend any Corning Elementary School** (West Street, Olive View, Woodson, Rancho Tehama, Maywood). | | | |
| **Sibling Name** (as it appears on their Birth Certificate) | **Age** | **Grade** | **School Sibling Attends** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **EDUCATION LEVEL**  **Please indicate the education level of:** | | |
| **Mother** | **Father** | **Guardian**  *(if applicable)* |
| Not a high school graduate (14) | Not a high school graduate (14) | Not a high school graduate (14) |
| High school graduate (13) | High school graduate (13) | High school graduate (13) |
| Some college (includes AA degree) (12) | Some college (included AA degree) (12) | Some college (included AA degree) (12) |
| College graduate (BS/BA degrees) (11) | College graduate (BS/BA degrees) (11) | College graduate (BS/BA degrees) (11) |
| Graduate school/post graduate (MBA/MS/PhD degrees) (10) | Graduate school/post graduate (MBA/MS/PhD degrees) (10) | Graduate school/post graduate (MBA/MS/PhD degrees) (10) |
| Declined to state or unknown | Declined to state or unknown | Declined to state or unknown |
| Are any of your child’s parents/legal guardians on Active Military duty or full-time National Guard?  No  Yes | If you marked “Yes”, which parent(s) / guardian(s)? | What branch of service are they currently in?  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known) |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Parent/Guardian Signature Date* |

Emergency Contacts

Student Name

It is mandated, **in case a parent or legal guardian cannot be reached during the school day**, to give the names of two (2) relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the school day. **All attempts will be made to reach parents first.** If they are not reachable, the school will attempt to reach the emergency contacts below:

|  |  |  |
| --- | --- | --- |
| **Adults OTHER than Parents/Legal Guardians** | **1st Emergency Contact Info** | **2nd Emergency Contact Info** |
| **Emergency Contact Name** |  |  |
| **Contact Telephone (XXX-XXX-XXXX)** |  |  |
| **Relationship to Child**  **(i.e., Grandparent, Neighbor, Sitter)** |  |  |
| **Cell Phone (XXX-XXX-XXXX)** |  |  |
| **What is the correspondence language for this Emergency Contact?** | English  Spanish | English  Spanish |

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| Please make sure you have completed, signed and dated each page of this registration packet, then return all pages to the secretary of the school your child is registering to attend.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of person completing this packet Date* |

**FOR OFFICE USE ONLY**

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| --- | --- | --- | --- |
| **Proof of Name / Birth** | **Hand Outs to New Students** | **Other Requirements Needed** | **Date Received** |
| Birth Certificate | Academic Calendar | Proof of Residence |  |
| Hospital Certificate | Health Summary | Custody Papers |  |
| Immigration Docs | Internet Acceptable Use Policy | Immunization Record |  |
| Passport | Lunch Application | Intra/Inter-District Transfer |  |
| Visa | Parents Rights | Other |  |
| Other | School Compact |  |  |
|  | School Handbook |  |  |
| **Activities** |  |  |  |
| Band | Sports Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Cum File Scanned into DocStar:  Yes  No Date Scanned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_ | | | |

Health History Information

Student Name

***The following information is necessary for your student’s health records.***

***All information is confidential***

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| **A note from the School Nurse:**  Please take the time to completely fill out this health history form. The school nurse needs to know your student’s health history as well as any medical conditions that may impact your student’s ability to learn and be safe at school.  If your student needs to take **ANY** medications at school, prescription or over-the-counter, a Parent/Physician Release For Medication in School form must accompany the medication and be kept on file in the school office. You may obtain this form from your child’s school. Students may not have medications of **ANY KIND** in their possession on school grounds.  Your child will need proof of the required immunizations for school entry. More information can be found at <http://www.shotsforschool.org>.  **The State of California requires that all students have a CHDP physical examination by your doctor and oral health examination by a dentist.** The District recommends that each kindergartner complete these examinations prior to starting school. |
| **Health History**  **Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **No** | **Yes** | **Comments** |
| Food Allergies |  |  |  |
| Insect Allergies |  |  |  |
| Medication Allergies |  |  |  |
| Other Allergies (Seasonal, Latex, etc.) |  |  |  |
| Asthma/Breathing Problems |  |  |  |
| ADD/ADHD |  |  |  |
| Behavior Problems |  |  |  |
| Developmental Problems |  |  |  |
| Bladder Problems |  |  |  |
| Bleeding Problems |  |  |  |
| Bowel Problems |  |  |  |
| Cerebral Palsy |  |  |  |
| Cystic Fibrosis |  |  |  |
| Diabetes |  |  |  |
| Fainting |  |  |  |
| Head Injury / Concussions |  |  |  |
| Hearing Problems / Hearing Aide |  |  |  |
| Heart Problems |  |  |  |
| Muscular Dystrophy |  |  |  |
| Seizures |  |  |  |
| Sickle Cell Disease |  |  |  |
| Speech Problems |  |  |  |
| Spina Bifida / Spinal Cord Injury |  |  |  |
| Vision Problems / Glasses |  |  |  |
| Other Health Conditions |  |  |  |
| Describe any other important health-related information about your child (for example: feeding tube, wheelchair, walker, crutches, oxygen support etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List all prescription medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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